



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: NORTH MERIDIAN SURGERY CENTER

Street Address: 13225 N. MERIDIAN ST.

City: CARMEL

County: HAMILTON

Administrator Name: RYAN BEAVERSON

Administrator Email: RBEAVERSON@NMSURGERYCENTER.COM

ASC Web Address: WWW.NMSURGERYCENTER.COM

Fiscal Year: 2017

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	3
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	4484	9121
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	1037	
62323	839	
64493	518	
62321	368	
22551	357	
22845	355	
64479	331	

64494	283
63047	268
64490	231

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	7
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